

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER GRISELL MEMORIAL HOSPITAL LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 330 S VERMONT PO BOX 268 RANSOM, KS 67572		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 241 SS=E	<p>The following citations represent the findings of a Health Resurvey.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review and interview the facility failed to provide meal services to maintain or enhance the dignity of the residents in 1 of 1 dining room.</p> <p>Findings included.</p> <p>- On 12/29/14 at 12:00 PM, observation revealed the dietary staff delivered meals to the residents in the middle of the dining room. Continued observation revealed the dietary staff raised his/her voice to ask the nursing staff seated at the rear of the dining room "Are you ready for the rest of the feeders' meals" (this surveyor was seated approximately 30 feet away and clearly heard the statement). Continued observation revealed 21 residents, 5 staff and 1 visitor seated in the dining room.</p> <p>On 01/06/15 at 8:20 AM, Nurse A stated the staff should not use the word "feeder" to address or identify the residents, who require assistance at</p>	F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	<p>Continued From page 1 meals.</p> <p>The facility failed to provide meal services to maintain or enhance the dignity of the residents in the dining room.</p> <p>- On 12/29/14 at 12:15 PM, observation revealed the staff, seated on a wheeled stool, between 2 residents, who required extensive assistance with their meals. Continued observation revealed the staff stood and leaned over the resident, seated in a gerichair, each time he/she assisted the resident with food and drinks.</p> <p>On 01/06/15 at 11:00 AM, Nurse A verified the staff should not stand over the resident when they assisted the resident with their meal.</p> <p>The facility failed to provide meal services to maintain or enhance the dignity of the residents in the dining room.</p> <p>- On 12/30/14 at 11:56 AM, observation revealed a nurse aide, seated on a wheeled stool, provided extensive assistance with food and drink to 4 residents seated at 2 tables. Continued observation revealed the staff rolled on the stool from resident to resident and provided extensive assistance with a few bites of food and/or sips of drinks. Continued observation revealed the nurse aide provided all the dining assistance needs for the 4 residents during the meal.</p>	F 241			

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F 241	Continued From page 2 On 01/05/15 at 2:10 PM, Nurse A stated one staff should not assist 4 residents, who required extensive assistance with eating and drinking, with all the residents' dining service needs. The facility failed to promote care for residents in a manner that maintains or enhances each resident's dignity and respect.	F 241			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review, and interview the facility failed to honor a resident's right to choose their health care consistent with their plan of care for 1 of the 28 sampled residents. (#20) Findings included: - The Significant change (MDS) Minimum Data Set assessment, dated 11/4/14, indicated the resident had severe cognitive impairment, no behaviors, required extensive assist with bathing and very important for the resident to choose type of bath.	F 242			

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F 242	<p>Continued From page 3</p> <p>The 11/4/14 (ADLs) Activities of Daily Living (CAA) Care Area Assessment indicated the resident independent with ADLs.</p> <p>The 11/13/14 care plan indicated the resident needed encouragement to bathe at times. The care plan instructed the staff to provide baths to the resident in the afternoon or evenings three times per week. The care plan instructed the staff to provide shampoo and nail care for the resident, and assist the resident with shaving daily.</p> <p>Review of the whirlpool record revealed documentation the resident received baths on the following dates: In July the resident received baths on 1,3,8,11,16,17,21,23 and 28. (8 times) In August the resident received baths on 10, 23, and 31, and refused on 6 and 7. (5 times) In September the resident received baths on 1,3,5,6,7,23, and 26. (7 times) In October the resident received baths on 4,10,13,24, and 31. (5 times) In November the resident recieved baths on 1, 3, 10, 13 and 19 (5 times) In December the resident recieved baths on 1, 4, 8, 10, 13, 15, 20, 27, 29 nd 30 (10 times)</p> <p>On 1/5/15 at 4:20 PM, observation revealed the resident lying on the bed with clean clothing, cleanly shaved; hair unkempt, and had no body odors.</p> <p>On 1/5/15 at 4:29PM, Nurse Aide G stated he/she was the only staff who gave the resident a shower last week.</p> <p>On 1/5/15 at 3:46PM Nurse D stated the resident has a bath in the afternoon on Monday,</p>	F 242			

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F 242	Continued From page 4 Wednesday and Friday and he/she does not normally refuse his/her bath. On 1/5/15 at 3:38 PM, Administrative Nurse A stated on admission staff asked the new resident regarding his/her choice of bath or shower and how many times a week documented on the resident 's initial care plan. Administrative Nurse stated the staff should document an R if the resident refused a bath on the whirlpool record. Facility did not provide a policy for bathing choices. The facility failed to provide bathing per Resident #20's choice of a weekly bathing schedule.	F 242			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review and interview the facility failed to adequately monitor the food and fluid intake in accordance with the written care plan for 3 sampled residents. (#7, #3 and #20) Findings included: - Resident #7's quarterly (MDS) Minimum Data	F 282			

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F 282	<p>Continued From page 5</p> <p>Set assessment, dated 08/20/14, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 12 (moderately impaired cognition) and psychomotor retardation (decreased level of activity). The MDS also indicated the resident required total assistance with all activities of daily living including eating and drinking. The MDS further indicated the resident had swallowing problems and was dehydrated.</p> <p>Review of the 3-Day Intake Record for the quarterly MDS assessment, dated 08/20/14, revealed no documentation for the resident's fluid intake.</p> <p>Resident #7's quarterly (MDS) Minimum Data Set assessment, dated 11/05/14, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 12 (moderately impaired cognition) and psychomotor retardation (decreased level of activity). The MDS also indicated the resident required total assistance with all activities of daily living including eating and drinking. The MDS further indicated the resident had swallowing problems and was dehydrated.</p> <p>Review of the resident's 3-Day Intake Record for the quarterly MDS assessment, dated 11/05/14, revealed the resident's fluid intake was 930 ml (310 ml/day).</p> <p>The 05/28/14 annual (CAA) Care Area Assessment for dehydration indicated the resident had swallowing problems and was totally dependent on the staff for fluids. The CAA directed the staff to monitor the resident's fluid intake and assess the resident for</p>	F 282			

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F 282	<p>Continued From page 6 signs/symptoms of dehydration.</p> <p>The 11/13/14 care plan indicated the resident was totally dependent on staff for fluids and had a potential for dehydration. The care plan directed the staff to provide the resident with 1000 ml of fluids daily and 75 percent of his/her daily supplement (Carnation Instant Breakfast three times a day).</p> <p>The 03/31/14 Registered Dietician note indicated the resident required 1200 (ml) milliliters of fluids daily.</p> <p>Review of the resident's medical record revealed no system in place to monitor the resident's fluid intake as outlined in the plan of care.</p> <p>Review of the November 2014 Supplement Intake Record revealed the staff recorded the resident's supplement intake 3 times a day (morning, afternoon and night). Continued review of the Supplement Intake Record revealed the staff recorded the resident refused and/or no documentation of intake 57 out of 90 times the resident received his/her supplement.</p> <p>Review of the December 2014 Supplement Intake Record revealed the staff recorded the resident's supplement intake 3 times a day (morning, afternoon and night). Continued review of the Supplement Intake Record revealed the staff recorded the resident refused and/or no documentation of intake 63 out of 93 times the resident received his/her supplement.</p> <p>On 12/31/14 at 8:12 AM, observation revealed the resident in bed with the head of the bed elevated</p>	F 282			

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F 282	<p>Continued From page 7</p> <p>and staff seated next to the bed assisting the resident with food and drinks of 6 ounce juice and 6 ounce milk. Continued observation revealed the resident made no attempt to independently eat or drink.</p> <p>On 01/05/15 at 11:17 AM, Nurse D stated the resident was at risk for dehydration and the staff provided total assistance to the resident with eating/drinking. Nurse D stated the staff monitored the resident's supplement intake everyday and and all the resident's fluid intake every quarter on the 3 Day Food/Fluid Intake Record.</p> <p>On 01/05/15 at 1:50 PM, Nurse Aide E stated the resident was at risk for dehydration and the staff provided total assistance to the resident with eating/drinking. Nurse D stated the staff monitored the resident's supplement intake everyday and and all the resident's fluid intake every quarter on the 3 Day Food/Fluid Intake Record.</p> <p>On 01/06/15 at 8:20 AM, Nurse A stated the staff should accurately document the resident's daily supplement intake and verified the facility had no system in place to monitor the resident's fluid intake.</p> <p>The facility failed to adequately monitor the fluid intake in accordance with the written care plan for Resident #7, who staff assessed as at risk for dehydration.</p>	F 282			

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F 282	<p>Continued From page 8</p> <p>- Resident #3's annual (MDS) Minimum Data Set assessment, dated 11/26/14, indicated the resident had moderate cognitive impairment, required extensive assistance of 2 staff for transfers and 1 staff for eating. The resident had bilateral limitation of range of motion for his/her upper and lower extremities, no significant weight loss, weighed 170 pounds, and had loose/ill-fitting dentures.</p> <p>The 11/26/14 nutrition (CAAs) Care Area Assessment, stated the resident had cognitive impairment and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), had poor food intake, required extensive assistance of 1 staff for meals, used a cup with a lid and could hold a drink if staff handed the cup to the resident.</p> <p>The 11/26/14 dental care CAA, stated the resident experienced a dry mouth, used a full set of dentures with no tissue impairment.</p> <p>The 12/4/14 care plan goal stated the resident's weight would remain stable, he/she would consume 90% of his/her food and 1500 milliliters of fluids each day and accept a snack from the snack cart 3 times a day.</p> <p>The care plan instructed the staff to provide a red glass in his/her room and on meal trays to indicate the resident 's dehydration risk, provide cups with lids, obtain a weekly weight, tell the resident the placement of food on the plate, and provide Carnation Instant Breakfast twice a day.</p>	F 282			

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F 282	<p>Continued From page 9</p> <p>Review of the resident's medical record revealed no weekly weights as directed by the plan of care. The medical record revealed the following weights documented on the Monthly/Weekly Weight form:</p> <p>7/23/14 - 175 8/20/14 - 174 9/17/14 174 10/15/14 - 165 11/26/14 170 12/21/14 156 (20 pounds or a 10.8% loss in 180 days)</p> <p>Review of Nutrition Recommendation Checklist, dated 7/9/14, revealed recommendations by the (RD) Registered Dietician to change the Plus 2 Supplement, 60 milliliters three times a day with meals to (CIB) Carnation Instant Breakfast. The RD further stated the resident had a significant weight loss greater than 5% over 30 days.</p> <p>Review of the 9/25/14 Nutrition Assessment, completed by the RD revealed the resident weighed 174 pounds. The resident received snacks twice daily as tolerated. The 11/26/14 assessment revealed the resident received a regular diet with a sugar substitute, cut up meat, CIB twice a day, wore dentures, and staff assisted the resident with meals.</p> <p>Review of the physician's orders revealed the following:</p> <ul style="list-style-type: none"> - On 10/8/14, provide a diabetic nutritional supplement twice a day for weight loss. - On 12/15/14, remove the resident's dentures from his/her mouth between meals and administer Amoxicillin (antibiotic) for mouth sores. - On 12/31/14, increase the CIB to 8 ounces 3 	F 282			

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F 282	<p>Continued From page 10</p> <p>times a day with meals, plus a high calorie snack of a 4 ounce homemade milkshake twice a day for weight loss.</p> <p>Review of the Supplement Documentation Record for CIB revealed the following:</p> <ul style="list-style-type: none"> - December - 13 opportunities the supplement intake was not recorded - November - 8 opportunities the supplement intake was not recorded and only 15 entries made from 90 times the supplement should have been provided. - October - 5 entries recorded from 93 times the supplement should have been provided. <p>Review of the Intake and Output Record for November 23 - 25, 2014 revealed the resident's total fluid intake for 3 days was 861 milliliters (287 ml/day) indicated and 70 % of food intake.</p> <p>The 12/15/14 at 11:00 AM, nurse's note stated the resident complained of mouth sores.</p> <p>The 1/1/15 9:19 AM, nursing summary, stated the resident's denture fit was poor and staff were directed to remove the dentures after meals to prevent rubbing.</p> <p>On 12/29/14 at 12:02 PM, observation revealed the resident seated in the dining room, with nursing staff assisting with his/her meal. The resident held a fork in his/her hand, but did not take a bite on his/her own. The resident consumed the tater tot casserole, 1/3 of the carrots remained, along with torn pieces of bread and approximately 1/2 of the fluids, Carnation Instant Breakfast and water in opaque plastic cups with a lid and straw.</p>	F 282			

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F 282	<p>Continued From page 11</p> <p>On 12/30/14 at 2:52 PM observation revealed an opaque white plastic cup with a lid and straw filled with water in the resident room.</p> <p>On 01/05/15 at 11:00 AM, Staff Fstated a resident intake and output for 3 days during the MDS look back period for a resident with weight loss.</p> <p>On 01/05/15 at 1:54 PM, Nurse Aide B stated the resident's cognition varied and he/she attempted to eat finger foods at times. Nurse Aide B stated the resident's loose dentures caused difficulty with chewing and the resident had weight loss.</p> <p>On 1/5/15 at 4:29 PM, Nurse Aide G stated the resident went to bed following the evening meal and does not accept a snack later in the evening.</p> <p>On 1/5/14 at 3:46 PM, Nurse D stated the resident received nutritional supplements for weight loss Nurse D stated the resident intake was not monitored in the medical record.</p> <p>On 1/6/15 at 9:41 AM, Nurse A verified the resident had weight loss and a poor appetite. Nurse A stated the resident's dentures caused friction to the gums with chewing.</p> <p>Although requested the facility failed to provide a Weight Loss Policy and Procedure.</p> <p>The facility failed to follow the comprehensive care plan to use a red cup to signify dehydration risk and to obtain weekly weights for Resident #3.</p> <p>- Resident #20's significant change (MDS) Minimum Data Set assessment, dated 11/4/14, indicated the resident with severely impaired</p>	F 282			

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F 282	<p>Continued From page 12</p> <p>cognition, feels tired, required limited assistance of 1 staff to eat, weight 182 pounds, no natural teeth, received a diuretic each day, and would lose liquids from his/her mouth when eating or drinking.</p> <p>The 11/4/14 cognitive loss (CAA) Care Area Assessment revealed the resident was had short term memory loss and needs reminded of his/her room location.</p> <p>The 11/4/14 nutrition CAA revealed the resident had a short attention span, leaves the table without eating meals, had weight loss, and no natural teeth.</p> <p>The 11/13/14 care plan revealed a goal to maintain his/her current weight with no signs or symptoms of dehydration. The resident ate breakfast his/her room, offered a snack 3 times a day, received whole milk with 1 meal, weighed weekly - with weight gain or loss reported to the Dr. Food and fluid intake was monitored 3 days prior to the MDS. He/she consumed a regular diet with intake of 75-85%, eats independently, encouraged to accept a high calorie snack off the snack cart 3 times a day, and his/her spouse completed the daily menu.</p> <p>Review of the resident's medical record revealed the following weights: 6/1/14 - 199 pounds 7/2/14 - 199 7/16/14 - 196 8/27/14 192 9/24/14 189 10/15/14 - 182 11/19/14 - 180 12/21/14 - 177 (22 pounds or 11% loss in 6</p>	F 282			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2015
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F 282	<p>Continued From page 13 months)</p> <p>Review of the dietary notes revealed:</p> <ul style="list-style-type: none"> - 10/15/14 (not timed) stated the resident had a good appetite, he/she consumed 75% of meals, received high calorie snack 3 times a day, and provided whole milk at meals. - 11/5/14 at 2:09 PM revealed the resident weighed 182 pounds last month, 195 pounds 3 months ago, and 201 pounds 6 months ago. - 11/13/14 at 1:30 PM the care team met with the resident spouse present and decided to offer a high calorie snack 3 times a day and to weigh the resident weekly. - 11/26/14 at 10:40 AM stated the resident weight as 185 pounds, increased 2 pounds in 1 month, but down 16 pounds for 6 months with a body mass index of 25.8. <p>The 11/26/14 Nutrition Assessment, stated the resident received a regular diet, had confusion, no natural teeth and was considered a dehydration (loss of fluids) risk.</p> <p>On 12/30/14 at 12:06 PM, observation revealed the resident seated at the dining room table with family present. The resident ate had a few bites of his/her meal, leaving 1/3 of the food and fluids, then left the table with the family members. The resident walked independently from the table.</p> <p>On 1/5/15 at 11:00 AM, Staff F stated staff measured the resident's intake and output for 3 days during the MDS look back period for a resident with weight loss.</p> <p>On 1/5/15 at 1:54 AM, Nurse Aide B stated the resident does not eat much at meals and snacks around the meals, with some weight loss.</p>	F 282			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 282	Continued From page 14 On 1/6/15 at 9:41 AM, Nurse A verified the resident has experienced unplanned weight loss and the only intervention added was whole milk at meals. Nurse A verified the staff failed to accurately record the resident's snack intake. Although requested the facility failed to provide a Weight Loss Policy and Procedure. The facility failed to follow the comprehensive care plan and obtain weekly weights for Resident #20.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents of which 3 were reviewed for pain. Based on observation, interview and record review the facility failed to reassess and provide additional interventions for 1 of 3 sampled residents who experienced pain. (#3) Findings included: - Resident #3's medical diagnoses included:	F 309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 15</p> <p>Generalized Pain, Fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue and severe sleep disturbance) Arthritis (inflammation of a joint characterized by pain, swelling, heat, redness and limitation of movement), Gout (inflammation of the joints), Diabetic Neuropathy (nerve damage caused by Diabetes), and Post Herpetic Neuralgia (pain that lasts for more than a month after a shingles infection - painful skin eruptions following the route of a nerve).</p> <p>Resident #3's annual (MDS) Minimum Data Set assessment, dated 11/26/14, indicated the resident had moderate cognitive impairment, required extensive assistance of 2 staff for transfers, experienced constant pain, which he/she rated as a 10 (on a scale of 1 -10 with 10 being the worst), received scheduled pain medication, and recieved no as needed pain medication for break through pain.</p> <p>The 11/26/14 cognitive loss (CAAs) Care Area Assessment, stated the resident had moderate cognitive impairment, received medications that may cause drowsiness, and complained of pain symptoms.</p> <p>The 11/26/14 pain CAA, stated the resident reported constant pain in his/her coccyx and leg and referred to the above diagnoses as the cause of the pain.</p> <p>The 12/4/14 care plan stated the resident had an altered sensory perception and a prescription for pain medication. The 12/5/14 care plan notes stated the resident received injections into his/her joints. Staff provided encouragement to do tasks for his/herself as tolerated. The care plan</p>	F 309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 309	<p>Continued From page 16</p> <p>included use of a pressure relieving cushion and a moist heat pack to the resident's neck and shoulders as needed.</p> <p>Review of the MAR for December of 2014 revealed the resident received Acetaminophen (pain relief medication), 650 milligrams 4 times a day.</p> <p>The 10/8/14 at 1:32 PM, physician's order stated to discontinue Acetaminophen, 4 times a day, and start hydrocodone (narcotic pain relief medication) for chronic pain.</p> <p>The 10/15/14 at 8:35 AM, physician's orders directed the staff to add Hydrocodone to the resident's allergy list, initiate Tramadol (narcotic-like pain reliever) 50 milligrams every 8 hours as needed for pain not controlled by the Acetaminophen for 10 doses.</p> <p>The 10/20/14 at 1:22 PM, physician's order directed the staff to discontinue the use of Tramadol, due to the resident reported not feeling right.</p> <p>The 11/3/14 physician progress note stated the resident had pain at the site of the shingles breakout.</p> <p>The 12/3/14 physician progress note stated the resident experienced post herpetic neuralgia and the physician directed the staff to restart the Zovirax (viral infection treatment).</p> <p>On 1/5/15 at 4:20 PM observation revealed the resident seated on a pressure relieving device in the recliner with his/her feet elevated and his/her upper torso leaning to the right side. Further</p>	F 309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 17</p> <p>observation revealed the resident sitting very still, legs visibly shaking, and he/she verbalized a complaint of pain.</p> <p>On 1/5/15 at 1:54 PM, the resident stated he/she hurts, but does not know what the nursing staff can do for him/her to relieve the pain. He/she explained the Acetaminophen reduces the pain, but there is always pain present. The resident stated there are medications for pain he/she cannot take because of his/her body's response.</p> <p>On 1/5/14 at 1:54 AM, Nurse Aide B stated the resident experienced pain in his/her shoulder, declines exercising, and had limited ability to move on his/her own.</p> <p>On 1/5/15 at 3:46 PM, Nurse D stated the resident received Acetaminophen for pain management and added there was no other medication option available for treatment of breakthrough pain.</p> <p>On 1/6/15 at 9:41 AM, Nurse A stated the resident could request a moist hot pack to the neck/shoulder area and stated the nurse applied a moist hot pack to the resident's shoulder this morning. Nurse A verified the resident has voiced his/her level of pain at a 10 on a scale of 1 to 10, with 10 being the worst pain. Nurse A verified the resident does not have an order for an as needed medication, but stated the nurses could refer to the standing physician orders.</p> <p>Although requested the facility failed to provide a Pain Management Policy and Procedure.</p> <p>The facility failed to reassess and provide additional interventions for Resident #3, who</p>	F 309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 309	Continued From page 18 experienced chronic pain.	F 309			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, interview and record review the facility failed to provide restorative services to maintain and/or improve the range of motion of 1 sampled resident. (#34) Findings included: - Resident #34's admission (MDS) Minimum Data Set assessment, dated 12/2/14, indicated the resident was cognitively intact with a (BIMS) Brief Interview for Mental Status score of 15. The MDS indicated the resident was independent with bed mobility, required supervision with transfers, and limited assistance of staff with walking. The MDS indicated the resident had unsteady balance but was able to rebalance his/her self, no (ROM) Range of Motion impairment, used a walker and wheelchair, had no history of falls and had not fallen since his/her admission. The MDS indicated the resident received scheduled and (PRN) as needed pain medications, no	F 318			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 318	<p>Continued From page 19</p> <p>antipsychotic medications, and no therapy or restorative services. The MDS indicated the resident and the staff felt the resident was capable of increased independence, but no goal had been established regarding return to the community.</p> <p>The 11/25/14 initial care plan indicated the resident required the assistance of 2 staff with transfers, dressing, toileting and extensive assistance with walking. The care plan indicated the resident had an unsteady gait and pain from his/her back down his/her legs with movement.</p> <p>The 12/11/14 care plan indicated the same and directed the staff to assist the resident to ambulate with a walker daily, provide a (PT) Physical Therapy evaluation, provide and encourage exercises as outlined by PT, and assist with ADLs as needed.</p> <p>The 11/25/14 handwritten physician's admission orders indicated the facility admitted the resident after vertebroplasty (a type of back surgery). The 11/25/14 printed physician's orders included: 1) PT evaluation 2) ambulate with assistance of 1 staff for short distance and use wheelchair for distant mobility.</p> <p>The 12/9/14 PT progress note indicated the resident stated he/she was having a bad day in regards to back pain while on his/her feet. The resident verbalized he/she hoped to get better and go home.</p> <p>The Restorative program included directions to do 5 repetitions each work up (included pictures) of the following: (1) knee bends while sitting (no weights), (2) march in place while sitting, (3) hip</p>	F 318			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
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F 318	<p>Continued From page 20</p> <p>abduction/adduction (have him/her sit in a chair), (4) hamstring curls (have someone hold the end of the T band) and (5) ankle pumps. The restorative documentation, for December 2014, indicated the resident refused exercises 3 days at the beginning of the month, but the form lacked documentation the exercises were offered or encouraged for 26 days.</p> <p>On 12/30/14 at 4:00 PM, observation revealed the resident self-propelled his/her wheelchair in the hall, close to his/her room.</p> <p>Observations of the resident during the onsite survey revealed the resident spent most of his/her time in the recliner in his/her room, even eating meals in his/her room. The onsite observations revealed no episodes of the resident walking or performing exercises.</p> <p>On 1/6/14 at 9:05 AM, the resident stated he/she would love to exercise but "everybody is always busy" and he/she stated his/her goal was to get stronger and go home. He/She stated the staff have to walk behind him/her and reported he/she walked 10 feet the other day.</p> <p>On 1/5/14 at 3:10 PM, Restorative Aide C stated he/she had not provided restorative exercises for the resident many times due to time constrictions. He/She stated PT had set up an exercise program for the resident and the staff leave the instructions in the resident's room. Review of the instructions revealed no start date, and no instructions for how many times per week the staff were to offer assistance with the restorative therapy. Restorative Aide C verified the instructions lacked established time frames.</p>	F 318			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
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OMB NO. 0938-0391

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F 318	Continued From page 21 On 1/6/14 at 8:28 AM, Administrative Nurse A stated physical therapy evaluated the resident and directed the restorative program exercises. He/she stated the facility had no documentation from the PT regarding the restorative program other than the 3 exercise sheets in the resident's room. Administrative Nurse A verified the lack of documentation the staff assisted the resident with the restorative program and also verified if the resident refused the restorative exercises, the staff document the refusal. The facility failed to provide restorative services to maintain and/or improve the range of motion for Resident #34.	F 318			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents, of which 1 was reviewed for accidents. Based on observation, interview and record review the facility failed to provide services to maintain or enhance strength and independence, failed to provide follow up assessments of the resident, after a fall, to ensure no further complications developed for Resident #34, and failed to ensure the	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 323	<p>Continued From page 22</p> <p>environment was free of hazardous chemicals for the 1 cognitively impaired independently mobile resident of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #34's admission (MDS) Minimum Data Set assessment, dated 12/02/14, indicated the resident was cognitively intact with a (BIMS) Brief Interview for Mental Status score of 15. The MDS indicated the resident was independent with bed mobility, required supervision with transfers, and limited assistance with walking. The MDS also indicated the resident had unsteady balance, no (ROM) Range of Motion impairment, used a walker and wheelchair and had no history of falls. The MDS further indicated the resident recieved no therapy or restorative services and the staff felt the resident was capable of increased independence, but no goal had been established regarding return to the community. <p>The 12/3/14 (CAA) Care Area Assessment summary for falls indicated the resident was at risk for falls due to pain and increased needs for assistance with (ADLs) Activities of Daily Living.</p> <p>The 11/25/14 initial care plan directed the staff to provide extensive assistance with transfers, dressing, toileting and walking. The care plan indicated the resident had an unsteady gait and increased back and leg pain with movement.</p> <p>The 12/11/14 care plan directed the staff to assist the resident to ambulate with a walker daily, provide a (PT) Physical Therapy evaluation and assist with exercises as outlined by PT. The 12/25/14 care plan update indicated the staff rearranged the resident's room for easier access</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
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F 323	<p>Continued From page 23</p> <p>to the closet. The 12/31/14 update directed the staff to ensure the resident's wheelchair was open and placed next to his/her recliner with the wheels locked, for self transfers. The 1/1/15 care plan update directed the staff to educate the resident to call staff for (SBA) stand by assistance as needed.</p> <p>The fall risk assessment, dated 11/25/14, indicated the resident had balance impairment and used an assistive device for ambulation or transfers.</p> <p>The 11/25/14 handwritten physician's admission orders indicated the facility admitted the resident after vertebroplasty (a type of back surgery to relieve pain). The 11/25/14 printed physician's orders included: 1) PT evaluation 2) ambulate with assistance of 1 staff for short distance and use wheelchair for distant mobility.</p> <p>The 12/9/14 PT progress note indicated the resident stated he/she was having a bad day in regards to back pain while on his/her feet. The resident verbalized he/she hoped to get better and go home. The note indicated the resident transferred in a sit to stand lift with slow and guarded movements. The note indicated PT placed a lumbar (region of the lower back) support belt on the resident, administered moist heat to the resident's lumbar region for 30 minutes and the resident was to have the lumbar support on when he/she was up in the wheelchair or on his/her feet.</p> <p>The Restorative program included directions to do 5 repetitions each work up (included pictures) of the following: (1) knee bends while sitting (no</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
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F 323	<p>Continued From page 24</p> <p>weights), (2) march in place while sitting, (3) hip abduction/adduction (have him/her sit in a chair), (4) hamstring curls (have someone hold the end of the T band) and (5) ankle pumps.</p> <p>The restorative documentation, for December 2014, indicated the resident refused exercises 3 days at the beginning of the month, lacked documentation the exercises were offered for 26 out of 31 days.</p> <p>The 12/25/14 at 10:15 PM, nurse's note indicated the staff found the resident on the floor and the resident stated he/she fell while getting clothes out the closet.</p> <p>The 12/25/14 Fall Assessment Form indicated the resident fell at 10:15 AM, while ambulating in his/her room. The assessment form indicated the fall was unwitnessed and the resident stated he/she fell while walking to the closet. The report also indicated the resident wore gripper socks, but used no assistive device.</p> <p>The 12/31/14 at 1:50 PM, nurse's note indicated the night shift reported the resident took him/herself to the bathroom, but called for staff assistance to go back to bed.</p> <p>The 12/31/14 at 6:30 PM, nurse's note indicated the staff found the resident on the floor.</p> <p>The 12/31/14 Fall Form indicated, at 6:00 PM, the resident had an unwitnessed fall in his/her room while ambulating. The form indicated the resident stated he/she needed to go to the bathroom, and fell while trying to unfold his/her wheelchair. The form indicated the resident wore appropriate footwear, used no assistive device, the area was</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2015
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F 323	<p>Continued From page 25</p> <p>clutter free and the call light was within reach. The form indicated the intervention to prevent further falls directed the staff to ensure the wheelchair was unfolded and next to the recliner.</p> <p>On 12/30/14 at 4:00 PM, observation revealed the resident self-propelled his/her wheelchair in the hall.</p> <p>On 1/5/14 at 4:55 PM, observation revealed the resident seated in a recliner in his/her room, with feet elevated, and the wheelchair next to the recliner with brakes locked. The resident reported he/she fell last week while attempting to unfold his/her wheelchair. The resident stated the wheelchair had been folded and leaned against the wall in the corner.</p> <p>On 1/6/14 at 7:55 AM, observation revealed the resident, seated in a recliner, in his/her room independently eating breakfast. Further observation revealed the resident wore gripper socks and the wheelchair was unfolded, locked, and setting close to the recliner.</p> <p>Observations of the resident during the onsite survey revealed the resident spent most of his/her time in the recliner in his/her room, even eating meals in his/her room. The onsite observations revealed no episodes of the resident walking or performing exercises.</p> <p>On 1/6/14 at 9:05 AM, the resident stated he/she would love to exercise but "everybody is always busy" and he/she stated his/her goal was to get stronger and go home. He/She stated the staff have to walk behind him/her and reported he/she walked 10 feet the other day.</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 323	<p>Continued From page 26</p> <p>On 12/30/14 at 4:03 PM, Nurse Aide C stated the resident was able to walk independently in his/her room but the staff assist him/her with longer distances.</p> <p>On 12/31/14 at 11:40 AM, Administrative Nurse A stated all resident are considered at risk for falls and stated he/she was not sure the facility had a fall prevention policy. Administrative Nurse A stated Resident #34 was trying to be more independent as his/her goal was to return home. Nurse A stated the facility investigated the fall, reviewed it in the quality assurance meetings and the fall intervention was to re-arrange the resident's room so he/she had more room to get into his/her closet.</p> <p>On 1/5/14 at 3:10 PM, Restorative Aide C stated he/she had not provided restorative exercises for the resident many times due to time constrictions. He/She stated PT had set up an exercise program for the resident and the staff leave the instructions in the resident's room. Review of the instructions revealed no start date, and no instructions for how many times per week the staff were to offer assistance with the restorative therapy. Restorative Aide C verified the instructions lacked established time frames.</p> <p>On 1/6/14 at 8:28 AM, Administrative Nurse A stated, after a fall, the staff are to look for injuries, ask the resident if they have pain, perform a ROM assessment and notify the resident's physician and family. Administrative Nurse A stated the facility does not always have a nurse on duty and if the CMA thinks a resident needs further assessment, he/she will have the hospital nurse come over to the facility. Administrative Nurse A verified the fall follow up documentation had not</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 323	<p>Continued From page 27</p> <p>been completed per facility policy, for the resident's falls on 12/25/14 and 12/31/14. Administrative Nurse A stated physical therapy evaluates the resident and directs the restorative program exercises and the facility had no documentation from the PT regarding the restorative program other than the 3 exercise sheets in the resident's room. Administrative Nurse A verified the staff should have documented any refusals of restorative exercises daily.</p> <p>The facility's undated guideline for follow up required on falls indicated documentation will be required on all falls at the time of the fall and for 6 shifts following the fall. The guideline directed the staff to document, in the narrative notes for 72 hours, the resident's vital signs, notes describing the resident's condition and whether the resident had any further complaints related to the fall.</p> <p>The facility's undated Physical Assessment Form Following a Fall directed the staff to document the following information: if fall witnessed, by whom, where did the fall occur, residents activity level, vital signs, ROM, level of cognitive ability, observations of resident, the resident's comments, assessment of the environment, notification of family and physician. intervention implemented, care plan update. The form stated nursing would perform follow up documentation for 72 hours utilizing the fall follow up guidelines with documentation in the nurse's notes.</p> <p>The facility failed to provide assessments by a licensed nurse for 72 hours after falls, and restorative exercises, to prevent falls for Resident #34, who was admitted to the facility without a history of falls.</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 323	Continued From page 28 - On 12/29/14 at 9:50 AM, observation, during the facility tour, revealed the following: 1) On McClain Lane, in the unlocked resident restroom, a 19 ounce spray can of Lysol disinfectant with the warning label Keep Out of Reach of Children, hazardous to humans/animals, causes moderate eye irritation. Medication Aide H verified the observation. 2) On McLain Lane, in the unlocked utility room, observation revealed a 19 ounce spray can of Lysol disinfectant with the warning label Keep Out of Reach of Children, hazardous to humans/animals. Housekeeping staff J verified the observation. On 1/6/15 at 12:00 PM, Administrative Nurse A verified the staff should ensure chemicals such as the Lysol are locked up and stated the facility did not have a policy regarding the securing of chemicals. He/she reported the facility had 1 cognitively impaired, independently mobile resident. The facility failed to ensure an environment free of hazardous chemicals for the cognitively impaired, independently mobile resident.	F 323			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 325	<p>Continued From page 29</p> <p>demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 28 residents. The sample included 12 residents of which 3 were reviewed for nutrition. Based on observation, interview and record review the facility failed to reassess and provide additional interventions for the sampled residents who continued to have weight loss. (#3, #20)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #3's annual (MDS) Minimum Data Set assessment, dated 11/26/14, indicated the resident had moderate cognitive impairment, required extensive assistance of 2 staff for transfers and 1 staff for eating. The resident had bilateral limitation of range of motion for his/her upper and lower extremities, no significant weight loss, weighed 170 pounds, and had loose/ill-fitting dentures. <p>The 11/26/14 nutrition (CAAs) Care Area Assessment, stated the resident had cognitive impairment and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), had poor food intake, required extensive assistance of 1 staff for meals, used a cup with a lid and could hold a drink if staff handed the cup to the resident.</p> <p>The 11/26/14 dental care CAA, stated the</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
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F 325	<p>Continued From page 30</p> <p>resident experienced a dry mouth, used a full set of dentures with no tissue impairment.</p> <p>The 12/4/14 care plan goal stated the resident's weight would remain stable, he/she would consume 90% of his/her food and 1500 milliliters of fluids each day and accept a snack from the snack cart 3 times a day.</p> <p>The care plan instructed the staff to provide a red glass in his/her room and on meal trays to indicate the resident 's dehydration risk, provide cups with lids, obtain a weekly weight, tell the resident the placement of food on the plate, and provide Carnation Instant Breakfast twice a day.</p> <p>Review of the resident's medical record revealed no weekly weights as directed by the plan of care. The medical record revealed the following weights documented on the Monthly/Weekly Weight form: 6/15/14 - 176 7/23/14 - 175 8/20/14 - 174 9/17/14 174 10/15/14 - 165 11/26/14 170 12/21/14 156 (20 pounds or a 11.3% loss in 180 days)</p> <p>Review of Nutrition Recommendation Checklist, dated 7/9/14, revealed recommendations by the (RD) Registered Dietician to change the Plus 2 Supplement, 60 milliliters three times a day with meals to (CIB) Carnation Instant Breakfast. The RD further stated the resident had a significant weight loss greater than 5% over 30 days.</p> <p>The 09/12/14 physician's progress note indicated</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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F 325	<p>Continued From page 31</p> <p>the resident had a recent history of severe leg edema that has resolved with current treatment and interventions.</p> <p>Review of the 9/25/14 Nutrition Assessment, completed by the RD revealed the resident weighed 174 pounds. The resident received snacks twice daily as tolerated. The 11/26/14 assessment revealed the resident received a regular diet with a sugar substitute, cut up meat, CIB twice a day, wore dentures, and staff assisted the resident with meals.</p> <p>Review of the physician's orders revealed the following:</p> <ul style="list-style-type: none"> - On 10/8/14, provide a diabetic nutritional supplement twice a day for weight loss. - On 12/15/14, remove the resident's dentures from his/her mouth between meals and administer Amoxicillin (antibiotic) for mouth sores. - On 12/31/14, increase the CIB to 8 ounces 3 times a day, with meals, plus a high calorie snack of a 4 ounce homemade milkshake twice a day for weight loss. <p>Review of the Supplement Documentation Record for CIB revealed the following:</p> <ul style="list-style-type: none"> - December - 13 opportunities the supplement intake was not recorded - November - 8 opportunities the supplement intake was not recorded and only 15 entries made from 90 times the supplement should have been provided. - October - 5 entries recorded from 93 times the supplement should have been provided. <p>Review of the Intake and Output Record for November 23 - 25, 2014 revealed the resident's</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 325	<p>Continued From page 32</p> <p>total fluid intake for 3 days was 861 milliliters (287 ml/day) and 70 % of food intake.</p> <p>The 12/15/14 at 11:00 AM, nurse's note stated the resident complained of mouth sores.</p> <p>The 1/1/15 9:19 AM, nursing summary, stated the resident's denture fit was poor and staff were directed to remove the dentures after meals to prevent rubbing.</p> <p>On 12/29/14 at 12:02 PM, observation revealed the resident seated in the dining room, with nursing staff assisting with his/her meal. The resident held a fork in his/her hand, but did not take a bite on his/her own. The resident consumed the tater tot casserole, 1/3 of the carrots remained, along with torn pieces of bread and approximately 1/2 of the fluids, Carnation Instant Breakfast and water in opaque plastic cups with a lid and straw.</p> <p>On 12/30/14 at 2:52 PM observation revealed an opaque white plastic cup with a lid and straw filled with water in the resident room.</p> <p>On 1/5/15 at 11:00 AM, Staff F stated the staff measured the resident's intake for 3 days during the MDS look back period for a resident with weight loss.</p> <p>On 1/5/15 at 1:54 PM, Nurse Aide B stated the resident's cognition varied and he/she attempted to eat finger foods at times. Nurse Aide B stated the resident's loose dentures caused difficulty with chewing and the resident had weight loss.</p> <p>On 1/5/15 at 4:29 PM, Nurse Aide G stated the resident went to bed following the evening meal</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
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F 325	<p>Continued From page 33 and does not accept a snack later in the evening.</p> <p>On 1/5/14 at 3:46 PM, Nurse D stated the resident received nutritional supplements for weight loss. Nurse D verified the staff do not record the resident intake in the medical record.</p> <p>On 1/6/15 at 9:41 AM, Nurse A verified the resident had weight loss and a poor appetite. Nurse A stated the resident's dentures caused friction to the gums with chewing.</p> <p>Although requested the facility failed to provide a Weight Loss Policy and Procedure.</p> <p>The facility failed to reassess and provide additional interventions for Resident #3, who continued to have weight loss.</p> <p>- Resident #20's significant change (MDS) Minimum Data Set assessment, dated 11/4/14, indicated the resident with severely impaired cognition, feels tired, required limited assistance of 1 staff to eat, weight 182 pounds, no natural teeth, received a diuretic each day, and would lose liquids from his/her mouth when eating or drinking.</p> <p>The 11/4/14 cognitive loss (CAA) Care Area Assessment revealed the resident was had short term memory loss and needs reminded of his/her room location.</p> <p>The 11/4/14 nutrition CAA revealed the resident had a short attention span, leaves the table without eating meals, had weight loss, and no natural teeth.</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 325	<p>Continued From page 34</p> <p>The 11/13/14 care plan revealed a goal to maintain his/her current weight with no signs or symptoms of dehydration. The resident ate breakfast in his/her room, recieved a snack 3 times a day, received whole milk with 1 meal, weighed weekly - with weight gain or loss reported to the physician. Staff monitored food and fluid intake 3 days prior to the MDS. He/she consumed a regular diet with intake of 75-85%, eats independently, encouraged to accept a high calorie snack off the snack cart 3 times a day, and his/her spouse completed the daily menu.</p> <p>Review of the resident's medical record revealed the following weights: 6/1/14 - 199 pounds 7/2/14 - 199 7/16/14 - 196 8/27/14 192 9/24/14 189 10/15/14 - 182 11/19/14 - 180 12/21/14 - 177 (22 pounds or 11% loss in 6 months)</p> <p>Review of the dietary notes revealed: - 10/15/14 (not timed) stated the resident had a good appetite, he/she consumed 75% of meals, received high calorie snack 3 times a day, and provided whole milk at meals. - 11/5/14 at 2:09 PM revealed the resident's weight was 182 pounds last month, 195 pounds 3 months ago, and 201 pounds 6 months ago. - 11/13/14 at 1:30 PM the care team met with the resident's spouse present and decided to offer a high calorie snack 3 times a day and to weight the resident weekly. - 11/26/14 at 10:40 AM stated the resident weight</p>	F 325			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 325	<p>Continued From page 35</p> <p>as 185 pounds, increased 2 pounds in 1 month, but down 16 pounds for 6 months with a body mass index of 25.8.</p> <p>The 11/26/14 Nutrition Assessment, stated the resident received a regular diet, had confusion, no natural teeth and considered a dehydration (loss of fluids) risk.</p> <p>On 12/30/14 at 12:06 PM, observation revealed the resident seated at the dining room table with family present. The resident ate a few bites of his/her meal, leaving 1/3 of the food and fluids, then left the table with the family members. The resident walked independently from the table.</p> <p>On 1/5/15 at 11:00 AM, Staff F stated staff measured the resident's intake for 3 days during the MDS look back period for a resident with weight loss.</p> <p>On 1/5/15 at 1:54 AM, Nurse Aide B stated the resident does not eat much at meals and snacks around the meals, with some weight loss.</p> <p>On 1/6/15 at 9:41 AM, Nurse A verified the resident has experienced unplanned weight loss and the only intervention added was whole milk at meals. Nurse A verified the staff failed to accurately record the resident snack intake.</p> <p>Although requested the facility failed to provide a Weight Loss Policy and Procedure.</p> <p>The facility failed to reassess and provide additional interventions for Resident #20, who continued to have weight loss.</p>	F 325			
F 327	483.25(j) SUFFICIENT FLUID TO MAINTAIN	F 327			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 327 SS=D	<p>Continued From page 36 HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review and interview the facility failed to accurately monitor fluid intake to ensure proper hydration for 1 sampled resident. (#7)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #7's quarterly (MDS) Minimum Data Set assessment, dated 08/20/14, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 12 (moderately impaired cognition) and psychomotor retardation (decreased level of activity). The MDS also indicated the resident required total assistance with all activities of daily living including eating and drinking. The MDS further indicated the resident had swallowing problems and was dehydrated. <p>Review of the 3-Day Intake Record for the quarterly MDS assessment, dated 08/20/14, revealed no documentation for the resident's fluid intake.</p> <p>Resident #7's quarterly (MDS) Minimum Data Set assessment, dated 11/05/14, indicated the resident had a (BIMS) Brief Interview for Mental</p>	F 327			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2015
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F 327	<p>Continued From page 37</p> <p>Status score of 12 (moderately impaired cognition) and psychomotor retardation (decreased level of activity). The MDS also indicated the resident required total assistance with all activities of daily living including eating and drinking. The MDS further indicated the resident had swallowing problems and was dehydrated.</p> <p>Review of the resident's 3-Day Intake Record for the quarterly MDS assessment, dated 11/05/14, revealed the resident's fluid intake was 930 ml (310 ml/day).</p> <p>The 05/28/14 annual (CAA) Care Area Assessment for dehydration indicated the resident had swallowing problems and was totally dependent on the staff for fluids. The CAA directed the staff to monitor the resident's fluid intake and assess the resident for signs/symptoms of dehydration.</p> <p>The 11/13/14 care plan indicated the resident was totally dependent on staff for fluids and had a potential for dehydration. The care plan directed the staff to provide the resident with 1000 ml of fluids daily and 75 percent of the his/her daily supplement (Carnation Instant Breakfast three times a day).</p> <p>The 03/31/14 Registered Dietician note (most current assessment with estimated needs) indicated the resident required 1200 (ml) milliliters of fluids daily.</p> <p>Review of the resident's medical record revealed no system in place to monitor the resident's fluid intake.</p>	F 327			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 327	<p>Continued From page 38</p> <p>Review of the November 2014 Supplement Intake Record revealed the staff recorded the resident's supplement intake 3 times a day (morning, afternoon and night). Continued review of the Supplement Intake Record revealed the staff recorded the resident refused and/or no documentation of intake 57 out of 90 times the resident received his/her supplement.</p> <p>Review of the December 2014 Supplement Intake Record revealed the staff recorded the resident's supplement intake 3 times a day (morning, afternoon and night). Continued review of the Supplement Intake Record revealed the staff recorded the resident refused and/or no documentation of intake 63 out of 93 times the resident received his/her supplement.</p> <p>On 12/31/14 at 8:12 AM, observation revealed the resident in bed with the head of the bed elevated and staff seated next to the bed assisting the resident with food and fluids. Continued observation revealed the resident had not attempted to eat or drink independently.</p> <p>On 01/05/15 at 11:17 AM, Nurse D stated the resident was at risk for dehydration and the staff provided total assistance to the resident with eating/drinking. Nurse D stated the staff monitored the resident's supplement intake everyday and and all the resident's fluid intake every quarter on the 3 Day Food/Fluid Intake Record.</p> <p>On 01/05/15 at 1:50 PM, Nurse Aide E stated the resident was at risk for dehydration and the staff provided total assistance to the resident with eating/drinking. Nurse D stated the staff monitored the resident's supplement intake</p>	F 327			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 327	Continued From page 39 everyday and and all the resident's fluid intake every quarter on the 3 Day Food/Fluid Intake Record. On 01/06/15 at 8:20 AM, Nurse A stated the staff should accurately document the resident's daily supplement intake and the facility had no system in place to monitor the resident's fluid intake. The facility failed to accurately monitor fluid intake to ensure proper hydration for Resident #7.	F 327			
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The facility failed to provide palatable food at the proper temperatures for the 21 residents, who ate in the dining room. Findings included: - On 12/29/14 at 1120 AM, observation revealed Dietary Staff K placed a glass of milk at a resident's place setting. At 11:45 AM, upon the surveyor's request, Dietary Aide K obtained the temperature of the milk at 46 degrees Fahrenheit. On 1/5/14 the facility lunch menu included bierock casserole or tuna and noodles, green beans,	F 364			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 364	<p>Continued From page 40</p> <p>carrots, coleslaw, lemon pudding and ice cream.</p> <p>On 1/5/15 at 11:10 AM, observation revealed Dietary Staff L prepared a tuna and noodle puree. Staff L added 3/4 cup of tuna and noodles into the food processor and 2 tablespoons of hot water, then blended the food in the food processor.</p> <p>On 1/5/15 at 11:40 AM, observation revealed Dietary Staff L started the noon meal service by placing a puree of the bierock casserole on a plate. Staff L was asked to obtain a temperature of the foods prior to preparing the resident's plates.</p> <p>On 12/29/14 at 11:50 AM, Dietary Staff K stated he/she was not aware of the acceptable serving temperature for milk.</p> <p>On 1/5/15 at 1:55 PM, Dietary staff L acknowledged the tuna and noodles recipe should be followed and water should not have been added. Staff L stated he/she obtained the temperature of foods at the time the foods were removed from the oven or finished cooking and not prior to the meal service.</p> <p>On 1/5/14 at 2:10 PM, Dietary Staff M verified the serving temperature for milk as 41 degrees Fahrenheit or below, the recipe for pureeing tuna and noodles included addition of 1 tablespoon of hot milk or Mayo, and acknowledged the temperature of hot foods should be obtained prior to starting the meal service.</p> <p>The facility July 2012 policy for preparing cooked items did not specify a time frame for obtaining the temperature of cooked foods.</p>	F 364			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 364	Continued From page 41	F 364			
F 371	The facility failed to provide the residents with palpable food at the proper temperature.				
SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			
	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions				
	This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation and interview the facility failed to provide safe food handling practices in 1 of 1 dining rooms.				
	Findings included: - On 12/29/14 at 10:13 AM observation revealed: Dust particles on the light globes and the sprinkle head pipe under the stove hood. Metal drawers that stored cooking utensils had the paint worn down to the metal in the seams, with a dark discoloration. Bread crumbs in the drawer where the loaves of bread were stored. Dust on the large fan built into the wall of the storage room.				
	On 12/29/14 at 11:55 AM, observation revealed				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	<p>Continued From page 42</p> <p>Dietary Staff N contaminated the dessert cups by grasping the bowl at the rim with his/her hand as he/she served the dessert to the resident.</p> <p>On 12/30/14 at 1:38 PM, observation revealed 2 undated drinks in the refrigerator of the nutrition room.</p> <p>On 1/5/15 at 11:08 AM, observation revealed Dietary Staff L scoop pureed green beans for the food processor, then held under the running hot water at the sink, squirted dish soap into the base of the processor, wiped with a cloth then rinsed the base with hot water. He/she did not sanitize the processor parts under hot water or in a sanitizer solution prior to pureeing the tuna and noodles.</p> <p>On 1/5/15 at 11:15 AM, observation revealed long pieces of hair protruded below the hairnet at the base of Dietary Staff K and L's neck.</p> <p>On 1/5/15 at 11:55 AM observation revealed Dietary Staff L move from plating the resident food, to open a cupboard, remove a dish, close the cupboard with gloved hands then return to plating food for the residents. He/she grasped the plates beyond the the rim onto the area where the food is placed with the contaminated gloves for 8 residents.</p> <p>On 1/5/15 at 1:50 PM, Dietary Staff K stated the hairnet inched up the nape of his/her neck and had difficulty keeping his/her hair under the hairnet.</p> <p>On 1/5/15 at 1:53 PM, Dietary Staff L acknowledged hair at the nape of his/her neck protruded from under the hairnet, and stated the</p>	F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	<p>Continued From page 43</p> <p>band on the hairnet was loose. He/she also verified the recipe for pureed foods should be followed and was unaware handwashed items should also be sanitized. Staff L verified the gloves became contaminated and should have been changed prior to handling the plates.</p> <p>On 1/5/15 at 2:10 PM, Dietary Staff M verified hair should be contained under a hairnet, handwashed dishes are sanitized, and all opened food items should be labeled and dated.</p> <p>The facility July 2012 Sanitation Policy stated: food grinder, mixer, blenders and other appliances shall be disassembled, cleaned, sanitized, dried and reassembled after each use with close attention given to the button plate or power level. The February 2013 Dietary Helper Job Description stated hairnets must be worn.</p> <p>The facility failed to provide safe food handling practices in 1 of 1 dining rooms.</p>	F 371			